		1	V U.K	7-16-19		
CAMPAIGN LOCAL COMM						
Is This Report an Amendment: Yes No				CITY OF FITCHBURG		
Instructions for completing schedules are on the back of each schedule.			J	UL 16 2019		
COMMITTEE IDENTIFICATION),·	2010				
Friends of Dan Babr			RECEIVED OFFICE USE ONLY			
3010 Jarmath Freenway Dr City, State and Zip Code				FICE USE ONLY		
Fifthound wI 537						
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the b	ack of this form.		
NAME OF REPORT						
January Continuing Pre-Primary July Continuing Pre-Election	Spring I	Fall :	Special	☐ Termination Report also complete Schedule 4		
SUMMARY OF RECEIPTS AND	Column A	Colur	nn B			
DISBURSEMENTS	This Period	Cale				
1. RECEIPTS	Year-To-Date		o-Date			
1A. Contributions (Including Loans) from Individuals	\$ 4	\$ 3	•			
1B. Contributions from Committees (Transfers-In)	s &	\$ &				
1C. Other Income and Commercial Loans	\$ 🛇	\$ &				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ &	\$ 6	3 ~			
2. DISBURSEMENTS		***************************************		 		
2A. Gross Expenditures	\$\$ 105.32 /	\$ \$1.05. B	2 /			
2B. Contributions to Committees (Transfers-Out)	\$ 👁	\$ 82				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ \$ 105.32 /	\$\$105	,32			
CASH SUMMARY						
Cash Balance Beginning of Report	\$1,731.02/					
Total Receipts	\$ 0					
Subtotal	\$ 0					
Total Disbursements	\$ \$105.30					
CASH BALANCE END OF REPORT	\$1,625 90					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 82					
LOANS (Balance at the Close of This Period-3B)	s &					

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

gnature of Candidate or Treasure David Y Styl Date: 7/6-19
mail don bohr 21 @ gnol/ Obaytime Phon (608) 225-3020

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

DISBURSEMENTS Gross Expenditures

Page L of 2

Complete Committee Name	70m		
Complete Committee Name Frichill of	Dan	Bahr	

instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zlp Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/	weigs Print + Digital	FNer	\$ 105.37
	Check if: In-Kind Offset		
	Check if:		
	Check if:		
	S. S. C. S.		
	_		
	Check if: In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: □ In-Kind Offset	(1	
	Check if: [In-Kind Offset		
	Check if: d In-Kind Offset		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$
		TOTAL ITEMIZED EXPENDITURES	\$
	s 105.32		
		TOTAL EXPENDITURES	\$ /55